

DUBROW DUKER & ASSOCIATES, P.A.

ACCOUNTANTS & FINANCIAL PLANNERS

December 24, 1996

2840 University Drive • Coral Springs, Florida 33065
Telephone (954) 345-0323 • Facsimile (954) 341-9766

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Secretary of State
Division of Corporations
P.O. Box 632
Tallahassee, Florida 32314

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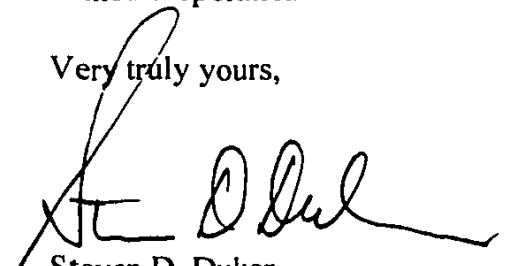
RE: AAA Financial Services, L.C.

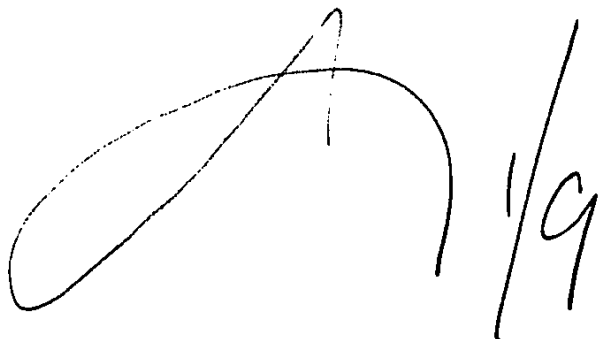
Gentlemen:

Enclosed please find the original and one copy of Articles of Organization, together with my check in the amount of \$337.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,


Steven D. Duker
Dubrow Duker & Associates, P.A.

 1/9

2 mem.
1/9/97

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97 JAN - 8 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DUBROW DUKER & ASSOCIATES, P.A.

ACCOUNTANTS & FINANCIAL PLANNERS

2840 University Drive • Coral Springs, Florida 33065
Telephone (954) 345-0323 • Facsimile (954) 341-9766

December 26, 1996

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Statewide Services, L.C.

Gentlemen:

Enclosed please find the original and one copy of Articles of Organization for Statewide Services, L.C.

These documents are to replace documents which were received by your office in the name of AAA Financial Services, L.C. and which are currently being held by your office along with a check in the amount of \$337.50. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above named company.

Very truly yours,



B. Alan Dubrow
Dubrow Duker & Associates, P.A.

**ARTICLES OF ORGANIZATION
OF
Statewide Services, "L.C."**

The undersigned, being the members of All State Surety, a Limited Liability Company formed pursuant to Section 608.45 of the Limited Liability Company Act of Florida, hereby certify:

ARTICLE I - COMPANY NAME

The name of the company is:

Statewide Services, L.C.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

**6728 Federal Highway, #171
Ft. Lauderdale, FL 33308**

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be thirty (30) years.

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

**Michael DeLuca
6278 N. Federal Highway, #171
Ft. Lauderdale, FL 33308**

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TALLAHASSEE FLORIDA

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the remaining member(s) to admit additional members and the terms and conditions of the admissions shall be upon the written consent of all members.

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

The Company shall cease to exist upon the death, retirement, resignation, expulsion, bankruptcy or other withdrawal of a member.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of Statewide Services, L.C., deposed and says:

1. the above name liability company has one member.
2. the total amount of cash contributed by the member is \$1,000.00
3. if any, the agreed value of property other than cash contributed by member is \$ N/A. A description of the property is attached and made a part hereto.
4. the total amount of cash or property anticipated to be contributed by member is \$1,000.00. This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member
(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
OF
STATEWIDE SERVICES, L.C.**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is:

Statewide Services, L.C.

2. The name and address of the registered agent and office is:

**B. Alan Dubrow
Dubrow Duker & Associates, P.A.
2840 University Drive
Coral Springs, FL 33065**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations position as registered agent.

B. Alan Dubrow
(Signature)

1/2/97
(Date)

SECRETARY OF STATE
PALM HARBOR FLORIDA

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